

Aboveground Storage Tank Change of Ownership

Submit to: **Kansas Department of Health and Environment**
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka, KS 66612-1367 Phone: 785-296-8061
Fax: 785-296-6190

Change Processed: _____

Date: _____ By: _____

KDHE Facility I.D. Number _____

*Please Print Clearly or Type:***I. EXISTING FACILITY INFORMATION**

Name _____

Address _____

(street)

(city) (state) (zip)

Number of Aboveground tanks at this location:

Active* ____ Exempt* ____ Temporary
Out of Service ____

II. EXISTING TANK OWNER INFORMATION

Previous Owner I.D. Number _____

Name _____

Address _____

(street)

(city) (state) (zip)

KDHE Facility I.D. Number _____

(Assigned by KDHE)

NEW FACILITY INFORMATION

Name _____

Address _____

(street)

(city) (state) (zip)

Contact _____ Title _____

Facility Phone(_____)_____-_____

*Changes should be submitted on a KDHE Change of
status form.

NEW OWNER INFORMATION

Owner I.D. Number _____

(if the new owner currently has other facilities)

Name _____

Address _____

(street)

(city) (state) (zip)

Contact _____ Title _____

Phone(_____)_____-_____

New Owner Type: State/Local Gov't ____ Federal ____ Private ____

Will the system be used for purposes of retail sales? Yes ____ No ____

Has property including tanks been sold? Yes ____ No ____ Have tanks only been sold and moved? Yes ____

OWNER CERTIFICATION

I certify that the information above is true to the best of my knowledge.

Owner's Signature_____
Date